

THE ROMANCE OF MEDICINE.

From London Society.

The Romance of Medicine! Is it possible that there is a particle of romance in so unromantic a subject? I think there is; and, indeed, having looked at the subject in various ways in reference to this paper, my general feeling is that of dismay at the abundance and variety of my materials, if I can only manage to transfer to my readers the feelings with which they have impressed myself. As the subject, I may say that I am well prepared for a general sneer against medicine, and with the feeling that prompts me to confess I have a great sympathy. "I don't believe in medicine," it may be urged; "and the best doctors give as little medicine as they can. Voltaire used to say that the doctors poured medicine, of which they knew little, into a body of which they knew nothing. I dare say doctors have not changed much since the times of Cerevates and Mollere, since the times of the quack have shifted." Thus, although their mode of cure is a much the more imaginary object, and there is a much the more ground for this kind of imputation. I met the man the other day who was very indignant because his doctor had knocked off his bitter beer. He said he should keep on changing his doctor until he met with one who would strongly recommend bitter beer. He did not think he should have far to go. Now this is a fair example of the wonderful inconsistencies of the medical profession. Take the case of a cold. One man will tell you to drink a bottle of port; another man will tell you to drink slops; another man will tell you to drink nothing at all, or to restrict you to three teaspoonfuls of fluid in the course of the day. In reference to this dry system, which has the eminent authority of Dr. C. J. B. Williams, the popular belief is that the remedy is worse than the disease. This is only taking a trivial instance of confusion and contradiction. Then what remarkable revolutions there have been in medical opinion, of which the conflict between the lowering treatment and the stimulating treatment is an example.

Again, did you ever know half-a-dozen medical men agreed on the treatment of cholera? In medicine, more than any other direction, science moves slowly, "working on from point to point." It wonderfully illustrates the marvels of a system of lay power, and the present day discoveries relating to the human body are now and then being made; that medical men, as in the instance of Dr. Bright, are immortalizing their names by giving them to the new diseases they have detected; that medical science is avowedly full of problems, some of which appear insoluble, while in the case of others we are slowly and tentatively moving towards a solution. To speak accurately, medicine is not a science, but an art, the art of the application of many sciences. It is true saying that the surgeon requires an eagle's eye, a lady's hand, and a lion's heart. The greater his acquaintance with the sciences and his own resources, and the habit of intercommunication with his brethren, the greater will be the ability of the medical man to perform his healing office. Only it is worth while, as a preliminary step, to settle our notions of the place of medicine in the order of things. The medical man requires to be saved from his friends rather than from his enemies. There is a numerous class, chiefly women, children, and nervous people, who look on a doctor in the light of a deity. He is their director—the managing of a system of lay power, who controls their actions with irresponsible power; and it is greatly to his credit that, in the plenitude of his tyranny, he does not play vagaries to tax to their extreme limit the principles of credulity and undue deference to authority. Men who see a good deal of this sort of thing become cynical, at least until they become ill. Let it be fairly understood that medicine is an art beset with limitations and imperfections; that cases can only generally be referred to classes, but each case has to be considered in its own circumstances; that medical men are liable to errors in observation and reasoning; and that even when these errors are minimized, there is uncertainty, and limitation, and obscurity about the medical means employed.

Then take the rational middle view, that in spite of all the empiricism that belongs to medicine, and all the mere theorizing, there exist also real principles and a safe experience, and mere sneers at medicine are seen to be ignorant and unphilosophical. "These are wise words in the Apocrypha:—'Honor a physician with the honor due unto him for the uses which he may have of him; for the Lord hath created him.' The Lord hath created medicine out of the earth; and he that is wise will not abhor them. Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success."

It is popularly said that after the age of forty every man is either a fool or a physician. I think, however, that there is a very numerous class who are a little of both. That I may not be included in my own limb of the classification, let me hasten to say that I am merely a layman and an outsider, and my remarks must be taken at their worth. The only practical advice which I shall venture to give is, that if you really understand your own case, and it is a simple one, don't be in too great a hurry to send for the doctor; but if you really feel yourself out of your depth, send for one. Sir Henry Holland has an essay, "On Points where a Patient may Judge for himself," and a little experience and common sense would save medical men much trouble. At the present day there is a great deal of general medical discussion, at least among people who have arrived at a certain time of life. I think it is Mr. Carlyle who says that a man who has a perfectly healthy stomach does not know that he has a stomach. But there comes a time when a man makes the appalling discovery that he has a stomach, not to mention liver and lights, and a lot of other unmentionable things. Then men and medicine. One day the world is discussing Mr. Bauting and his triumph over obesity, and every portly gentleman echoes "Hamlet's" lament, "O that this too, too solid flesh would melt!"

The other day, the *Lancet* started people on a different case. The public, as a public, was falling into the habit of using stimulants. People do not become intoxicated after the grand gentlemanly manner of their forefathers, who took their bottles of port after dinner, but all day long they are taking sherry or brandy in aerated drinks. Our wine-cellar are much too large, and we use cylindrical champagne-glasses which must be tossed at once. The general result is, that there is a good deal of vague medical talk just now. Obesity is a misfortune, although nature probably gives the additional covering because she sees that such is wanting; and there may be a good deal of truth in the present crusade against beer and brandy and soda. But when once this becomes a popular topic there is a great deal of exaggeration used, and other matters, equally or more important, become overlooked. Nature is not such a very bad guide after all; the *vis medicatrix nature*, as the doctors call it, is a

wonderful agency, devising the most curious contrivances for remedying or modifying an evil. The excellency of a medical man is in the fact that he is able to interpret and answer nature, and in this lies the groundwork of the proverb cited above—which is, nevertheless, a confession of the shortcomings of medical science—that the best doctors give the least medicine. The best law of medicine is that the intelligent man should follow nature, and should live naturally.

The prophylactic power of medicine is one of its most important aspects. It is far better to keep yourself well by simple means than to recover health on the most elaborate system. A broken vase, though mended, is not so good an article as the vase unbroken. The truck that used to carry ten tons, after it has been repaired can only carry six. There is a medical theory that if a man will only take sufficient care of himself, his corporal mechanism will last out till the wheels voluntarily stop through sheer use and duration. Nothing is clearer than that our frames are only lent us for a terminable period, and that, without the intervention of positive disease, our life attains its kindly natural pause. How Titianus regrets the lot of

"Happy men who have the power to die,
And grassy barrows of the happier dead."

We remember the imagery of Lucretius, that he who has feasted at the banquet of life should be contented, as a satisfied guest, to take his departure. "Men fear death," says Bacon, "as children fear to go into the dark," and to die, after all, as natural an act as to be born. The real horror of death is not its independence of physical sensations. Sir Benjamin Brodie says, and the observation of most medical men coincides with his, that the physical act of death is rarely accompanied with pain. We accept nature's kindly law. We are tenants for life, or rather tenants at will, and the usufruct, but not the absolute possession. To quote the noble line of Lucretius:—
"Vitaque mancipio nulli datur, omnibus usui."

Of the romance that attends the history of medicine there can be no doubt. Many are the strange events that have occurred before, to use the quaint language of an old author, they have passed "from the bowels of the earth to the bowels of the patient." We are able to point to positive achievements of medicine, and the fair hope of achievements to come. "Who can tell the power of the hidden herb?" asks Spenser, in the "Faery Queen." Much has medical science done in the way of speedily detecting and remedying those exact actions may not, perhaps, be understood or explained, but whose healing effects are happily known. Think of the Jesuits, who, happily for humanity, discovered the bark of the chinchona tree, which is the sheet-anchor in ague. There is reason to hope that we may yet discover a specific against other frightful diseases.

Most persons know the story of Waterton's wanderings in South America in search of the secret of the woural poison—an eminent example of the enterprise of medical discovery. Then take Jenner's discovery of inoculation for small-pox. I am sorry to hear that there are persons in this country who violently attack inoculation. I heard of a poor woman the other day who, persuaded by the talk of ignorant people, refused to have her child vaccinated, and shortly afterwards the poor little thing lost its eyesight by small-pox. Our own age has made several remarkable discoveries. Look at the grand discovery of chloroform, which has saved thousands of hours of helpless agony. There is no tale of daring and discovery more remarkable than the narrative of the hours which Professor Simpson and his friends in Edinburgh spent in testing various narcotic agencies, until they became first exhilarated and then insensible while testing chloroform, and awoke to the conviction that they had now become acquainted with the most powerful anesthetic known or conceived. The whole history of anesthetics, from the days of Sir Humphrey Davy, or rather from Cavendish and Priestley, form one of the most remarkable chapters in the history of human progress. It is possible, according to Dr. Anesthetics and Stimulants, that the wonderful properties of the Peruvian country may be made extensively useful in this country. The discovery of cod-liver oil has been a boon of the most inestimable kind. Dr. Williams states that in a certain he prescribed it in eleven thousand cases, and in ninety-five per cent. with beneficial results. It is now known that consumption is curable in its earlier stages. It was stated in the recent Hunter trial, in the Court of Queen's Bench, that the average length of consumptive cases, which used to be two years, is now prolonged to five years. Even where medicine cannot heal, it obtains one of its greatest triumphs in relieving suffering. There never was a time in the history of medicine when its soothing and alleviating side was so assiduously and successfully cultivated as at the present time.

Then the knowledge of the human frame daily grows more extensive and exact. Look at Laennec's wonderful discovery of the stethoscope. It is now known that of the three organs which make the tripod of life—brain, lungs, and heart (according to Bichat's theory, now generally received, death always issues from one of these three avenues)—diseases of the heart, which were once considered exceedingly rare, are the most common, and probably the least hurtful. It is half the battle with disease to know accurately what is really the matter with the patient. There appears to be no reason to doubt that the average length of human life is more extended than it used to be, and some share in this is to be set down to medicine, especially in its sanitary and prophylactic side. The progress of knowledge, the scientific insight into disease, form the basis and pledge of subsequent prevention, cure, or alleviation. I take from Mr. Bowman's "Address in Surgery" (1860), statements of the facts of medical progress so marvellous that they belong to "the fairy tales of science" or the romance of medicine. "Harvey had heard the healthy sounds of the heart; but its morbid sounds inform us now of the nature of its structural defects. The sounds of breathing natural, countless times are this, have not the same effect as to often as to enable every eye to say what is the state of those great organs hidden from our view, but so indispensable to life. 'And so with percussion. Nay, with our eyes we can now behold, for the first time, in its living acts, that marvelous mechanism in its most exquisite and joy-inspiring movements, as well as when it is oppressed by disease, which stands as a sentinel at the office of the air passages, and on which the voice and speech primarily depend.' By means of that modern optical triumph, the compound microscope, which takes us, as it were, among the very elements of form and the rudiments of organic structure—a world we are apt to lightly regard, though it has infinite uses for us as it has infinite beauties—by this an instructed practitioner, even one not highly gifted, but only with confidence and an organ deep in his waiting frame before him, beyond his touch, out of his sight, which emits no sound,

and is the seat of no pain. This gland has been certainly going about the world for that destructive change; it is now so and so; I can accomplish this, or probably only this, for its relief, and this, or this, will be the end." The reproach which Bacon in his time threw upon medicine, that those who professed it did not seek for specific remedies, is now taken away, for this is the era of incessant experiment, and medicine now rests on a sound basis, and no limits can be placed to its expansion in far-of-ages.

Many of the phenomena presented by disease are exceedingly curious, and even romantic. Take, for instance, bronchitis. Sometimes it happens that a bronchial tube becomes cartilaged at one end, or is filled by some substance. The result is that the tube is converted into a muffled instrument. It gives a flute-like sound. It coos like a wood-dove. Sometimes the bronchial tube acts differently. The sound resembles the noise made by a loud snorer. Then it mimics the noise of an infuriated tom-cat. Cullen's celebrated account of the phenomena of a fever might well deserve a place in the romance of medicine, deeply and painfully interesting as it is. From the many thousand cases that are on record in medical journals, many might be cited involving matters very curious in a scientific point of view, and narratives of personal history of the most dramatic kind. Cases of insanity especially possess horribly grotesque character. In the work of M. Esquirol alone there is a remarkable collection of very singular cases. It is to be noted that insanity is a physical disease of which several hundred people die annually. The curious disease commonly known as St. Vitus' dance (chorea), presents some remarkable phenomena. It is generally painless, and most frequently attacks boys and girls, and very rarely hasent the patient. The patient becomes a merry Andrew, and twists the face into all kinds of ridiculous forms. It is impossible for the lookers-on not to be amused, but any such unworthy feeling would certainly cease when they become acquainted with the horrible and most distressing forms which the disease can assume. The name of chorea, which signifies a dance—Hunter calls it *rotatio*—is derived from the dancing phenomena which are not uncommonly found with it—the *insanity of the muscles*, as it has been called.

St. Vitus is supposed to have been a worthy saint, who was much afflicted this way, to whom a chapel is dedicated at Ulm in Swabia. A case is mentioned in which a young woman would dance on one leg and hold the other in her hand. When a drum sounded a kind of air she would dance up to the drum and continue dancing till the drummer was out of breath. Another would leap, exactly as a fish might do, from the top of a wardrobe five feet high. Another patient, a little girl, would whirl round on her feet like a top. She would spin for six or seven hours at a time, the evolutions being sixty a minute. Another patient was continually walking backwards, receiving many falls and bruises. "Such histories," says Sir Thomas Watson, "would sound very like romances, if they were met with in the old authors alone, or if they were not attested by unimpeachable authority." Such diseases are morbid affections of the nerves, and are well called the dark corners of pathology. The whole subject of the influence of the nervous system on the organic functions is replete with curious memorabilia. Here is a curious case, mentioned by Mr. Paget:—"A lady who is subject to attacks of what are called nervous headaches always finds next morning that some patches of her hair are white as if powdered with starch. The change is effected in a night; and, in a few days after, the hairs gradually regain their dark brownish color."

Dr. Carpenter explains the famous miracle of the thorn, which is such a leading event in the history of Port Royal, where an advanced fistula lacrymalis was undoubtedly healed through the influence of the nervous system. He says that there is scarcely a malady to which, according to well-grounded medical opinion, amendment has not been produced "by practices which can have had no other effect than to direct the attention of the sufferer to the part, and to keep alive his confident expectation of the cure." The curious instances may be recalled the young-maid, whom Coleridge quotes, who, in the ravings of fever—and the ravings of fever are always more or less remarkable—repeated long passages from the Hebrew, which she did not understand, and could not repeat when well, but which, when living with a clergyman, she had heard him read aloud. Dr. Forbes Winslow's work on the "Obscure Diseases of the Brain," gives many highly curious cases, and Dr. Mandley's philosophical work, recently published, is an extremely thoughtful work, enriched with notes of great literary interest. Dr. Mandley's collection of fifty cases of insanity, which he has had under his own care, is a highly striking and instructive, and many similar almost to be entitled "Studies for Stories." I have in my notes a curious case reported by Dr. Fitzpatrick of London, for the Pathological Society of Dublin. A man wasted away in hospital as if for consumption. On post-mortem examination it was found that a small fishbone of a plaice had passed into the left lung, and the presence of this foreign body had made a cavity. A surgeon was performing a simple operation in the neck, when suddenly a slight hissing sound was heard. The air had forced its way into a vein, and death was the result. But such curious cases might be multiplied *ad libitum*; a collection might easily be formed by any reader of current medical literature. The human interest is even greater than the scientific interest, and it must be noted, to the credit of physicians, that they exemplify Bishop Butler's law, "that their sympathies, being accompanied with active goodness, instead of being dulled by the multiplicity of the phenomena of suffering, constantly become more tender and acute."

Something might be said in contradiction to the theory mentioned just now, that an organization will act regularly till worn out by long use. At the same time there can be no doubt that carelessness is the origin of most diseases. Medical men also hold that foolish people who follow their own whims have hardly a chance of recovery when visited by serious disease. Nine-tenths of the doctors' work would be done if people were only consistently prudent and cautious. Only it is so hard to be habitually cautious. On abundant occasions a man may be most laborately prudent, and then, to his utter astonishment, he dangerously imperils his health by some startling impropriety. When he has used every imaginable pains he is always amenable to the force of accident. There is another plausible theory, strongly antagonistic to the one we have named, to the effect that every man has the seeds of some particular disease in his constitution, and that some trifling accident will have the same effect later, which will have for him the same effect as a match falling upon gunpowder. Medical men explain this on theories of constitutional tendencies, or of some poison latent in the system. The fatal accident to one man is the merest accident for another. Two men while walking got well soaked by the rain. One man shakes off the water pretty much as a dog or a duck might do, and rather enjoys his shower

both than not. Another man is taken ill of indigestion of the lungs, and probably dies. The doctors cannot explain the different issues, and they would also be very much puzzled to give a satisfactory account of the phenomena of itself. They will, indeed, generally explain diseases by theories more or less plausible, and practice has been built upon theory, and theory has, no doubt, sacrificed a number of human lives. Yet medicine must have its dogmatic system, and without it medicine becomes little better than empiricism.

Some time ago it was the theory that the type of disease has changed; and, indeed, it is difficult to believe that there are not substantial grounds for such an opinion. Dr. Watson once held this opinion very strongly, but of late years he seems entirely to have withdrawn his adherence; and the simple fact is that the character of diseases is better understood now than was the case once. We have seen, even of late years, works where the tendency of certain diseases to death, and the tendency of certain diseases to convalescence, is much insisted on; but I imagine that such a classification would now be exposed to rigorous criticism. The history of medicine reveals to us a succession of so-called "systems," the some of them mixed up with theories of the universe and visionary mysticism, like the Gases of Van Helmont or the Vortices of Descartes, and often issuing in rules and practices as simple and as sanguinary as that of Sangrado. Superstition and mysticism and mere notions are now discarded for the results of exact science and patient experiment. It is now understood that pathology and physiology fade into each other, and that the processes of disease are in accordance with those which belong to the structure and function of healthy organs. The study of such a work as Dr. Williams on the "Principles of Medicine," to which the late Mr. Buckle was so largely indebted, will indicate the present state of medical science, and supply a line of reasoning susceptible of being followed by every thoughtful and educated mind.

The recollection of bygone systems of medicine might supply us with abundant curiosities of prescriptions. They are curious enough in modern medicine, as, for instance, Sir Charles Hastings' brochure on the use of the serpent in phthisis. The following regimen of Brown's for the treatment of a hypochondriac patient is probably unique among prescriptions. It absurdly should not blind us to the fact that there are real merits in the Brunonian system, as it is called. With many people such regimen as the following would be popular enough:—"For breakfast, toast and rich soup made on a slow fire, a walk before breakfast and a good deal after it; a glass of wine in the forenoon from time to time; broth or soup to dinner, with meat of any kind he likes, but always the most nourishing; several glasses of port or punch to be taken after dinner, till some enlivening effect is perceived from them, and a dram after everything heavy; one hour and a half after dinner another walk; between tea-time and supper a game with a cheerful company at cards, or any other play, never prolonged a little; but reading, jogging, but no company, avoiding that of popular Presbyterian ministers and their admirers, and all hypocrites and thieves of every description. * * * * * Lastly, the company of amiable, handsome, and delightful young women, and an enlivening glass."

Dr. Russell, to whom we are indebted for the quotation, might well say that "John Brown's prescriptions seem a caricature of his system." Dr. Russell also mentions the great subject of frauds upon insurance offices opened up a wide field of medical jurisprudence. The public obtained glimpses of this in the case of Palmer, but the cases were not fully gone into, as a conviction was obtained in the indictment respecting Cook. It may, however, be said that the insurance cases of which the public obtain glimpses are few when compared with the insurance cases of which the public know nothing. A collection of such cases would form one of the most curious and fearful books of the age. It is a curious fact, however, that an office is no moral doubt that it has a little legal force, and if they venture to resist a claim, it will probably happen that the claim will not be insisted upon. We give the following anecdote on the authority of a medical friend. A woman insured one or two lives in an office, and the lives rapidly fell in. When this happened with a third life, the office having seen some reasons for suspicion, demurred as to the payment of the policy. The woman called at the office, and said angrily to the manager, "Do you think I poisoned my own relation?" A sudden thought struck the manager. He walked up to the woman, put his hand on her shoulder, and looking kindly at her, said, "What would you do?" The woman, in great agitation, left the office, and was never seen there again.

Very much that is very remarkable belongs to the diagnosis and prognosis of a case. No two medical cases exactly resemble one another any more than two human faces are exactly alike, or any two blades of grass even. A man can no more be a physician by reading book than a man can be an artist by reading all extant publications on form and color. Each case is a separate study in itself. Now this diagnosis is exceedingly troublesome work. Patients often cause a good deal of this trouble. They send for a medical man, and at once expect him to explain what is the matter, and to write them a prescription. If a medical man will not do this off-hand, he is accused of being a dawdler, and will apply to some other practitioner. It is paragoned wonderful how a London physician in extensive practice will examine and prescribe in a very few minutes. But, as a rule, a man ought to have an opportunity of studying a chronic case minutely before he adopts any decided treatment. Invalids have also another way of proceeding, which is a sore trouble to some medical men. They make a round of the London physicians, and take a morbid delight in discovering a conflict of medical opinion. They go to some doctor, and when they have excited an opinion from him, they will apply to some other practitioner. They are totally at variance with those of the renowned Sir Kappa Chi, and derive little countenance from the views of Dr. Lambd. Some doctors become reticent in their opinions, and are afraid to deliver a judgment until they know what may be the opinion of the great authorities. But, for the most part, the general practitioner will give his own view, and if they are at variance with those of the great authorities he will declare that the great authorities are in the wrong. I do not think, however, that the patient has been in the wrong. In the multitude of counsellors there is wisdom, and an obscure case has the fullest chance of being properly understood when it has been submitted to different medical lights. The diagnosis is the making out of what is exactly the matter with the patient; the prognosis is the judgment made, with more or less certainty, of the issue of the disease.

Some doctors attain a wonderful skill in both diagnosis and prognosis by looking at a patient's face. "It is a very difficult case," said a doctor one day to a patient, "but I will tell you one thing for your consolation, which is that you will get well." This proved to be the case, but singularly enough, the great man himself died suddenly before he saw the patient again. As a man for the first time was entering a physician's consulting-room, the latter whispered to a friend, "Case of great pain, I am sure—muscle adhering to bone—chronic and hopeless"—as it proved. The same man was walking down a street, and at the door of an hotel was a smiling landlord, portly, fresh-colored, and apparently robust. The friend made some casual remark to the effect that there was a typical Briton, or something of that kind. "You think so," said the doctor. "That man is safe to die within a twelvemonth." The diagnosis, sometimes as easy enough, is occasionally perplexing in the extreme. The great majority of cases are as patent enough; an experienced physician will see it all in five minutes; but others are exceedingly obscure, and the medical man is never quite able to clear up the obscurity. Sometimes there is some little circumstance, unexpected and out of harmony with other circumstances, which baffles all the calculations. "In every respect the patient is going on extremely well," said a doctor to an anxious member of a family; "but I confess there is a little twinging over the eye which I do not at all like." The case terminated fatally; it sometimes happens that a patient, by all the rules of art, ought to be getting better or worse, he persists in getting worse or better. It is a question of the patient's previous history and constitution; a slight attack in one case being more dangerous even than a dangerous attack in another. I remember being very much amused with the case of a young doctor and his first patient. It was a child afflicted with hydrocephalus. According to all the rules the child ought to die. Nevertheless, the untoward infant perished not at all. The doctor went from his books to the child's bed, and he made to his books. He confidentially asserted to me that the infant ought to die, and manifested a not altogether friendly feeling towards the infant because it did not die. His treatment was altogether better than his prognosis; at the time when my knowledge of the case terminated, it was going on well.

It is very hazardous for a doctor to give a prognosis; if he openly gives an unfavorable prognosis, and the case terminates favorably, his reputation is well-nigh gone. But you will often find a medical man doing this sort of thing. As a rule, the man who always takes the most cheerful view possible of a case, and even hopes against hope. In the last illness of George IV., the physicians were also pronouncing him better, and in the midst of the "betterness" he died. Other doctors, however, there are, morbidly disposed, from whom you may take every grain of comfort they give, and something more. It is curious that a doctor cannot always be trusted with the diagnosis and prognosis of his own case. The great Dr. Baillie is said to have been a case of this. He is said to have died of consumption, and yet to have denied that he was consumptive. He did not experience any difficulty in breathing, and he regarded that, while his breathing was good, his lungs could not be bad. But no medical man now takes this as decisive. Nature, in her bounty, provides a larger space of lung than is necessary, and will long go on with a very small amount of lung, and with very little difficulty in breathing. Another noteworthy case of lung disease is a very different person, the notorious empiric, St. John Long. He professed to cure consumption, but in reality, like other similar quacks, he only cured cases of cough and bronchitis, with symptoms imitative of those in phthisis, and occasionally caused death in several instances by a treatment which would be perfectly harmless in most cases, but which was fatal to many delicate women. He was himself struck down by consumption, and died at the early age of thirty-seven. One of our most promising doctors in chest complaints, Dr. Hope, who at an early age had reached almost the summit of his profession, was prematurely cut off by consumption. There are few volumes more affecting than the narrative of his life; and it is impossible to resist the impression that his fatal illness was a great measure due to extreme and unmitigated devotion to intellectual labor.

Medicine has often very startling surprises in store, which are frequently gloomy enough, though sometimes of a pleasant nature. We will, in the first place, select some of the former. A clergyman in the neighborhood of Mount Edgecumbe was one day walking very fast, when he was met by his doctor. He explained, in conversation, that he was suffering from pains of indigestion, and was in the habit of taking long walks in order to get rid of them. The medical man insisted on examining him, and then explained to him that he was in the first stages of an aneurism of the heart, and that these long walks were the worst things possible for him, and was obliged to add that the disease would some day prove suddenly fatal. The statement was sadly verified. In the midst of a sermon, at a very emphatic passage, the preacher fell down from his pulpit, and life was found to be quite extinct. The congregation broke up in the utmost consternation and terror. A man was in company with another, and from some casual circumstance he took off his stockings. His friend took the liberty of observing that one of his feet was really very black. It was discovered that from some cause the foot was mortified. In former times it would have been thought necessary to amputate it, but medical art has contrivances whereby this is avoided. A very remarkable case is mentioned by the pious Bishop Newton, in the valuable fragment of the "Autobiography" which has come down to us. A young nobleman in the country was dangerously ill with a fever. Physicians were summoned from different quarters, and the bishop relates that no less a sum than seven hundred guineas was paid to them as fees. All the means used were unavailing, and the patient sank rapidly. When he was quite given over, and left alone to die, he was heard to murmur a request for beer. A large goblet, containing nearly a quart of small beer was handed to him, which he drained at a draught, and then drank again. He recovered.

I think I recollect also a similar case in one of the London hospitals. A man was talking one day at a dinner-table with a physician, and he mentioned a particular circumstance occurring in his own instance. "I do not mind mentioning to a man like you," said the doctor, "that that is a sign of the existence of a cavity in the lung." A man who had been ill for a long time was persuaded by a friend to consult an eminent physician. He accordingly went to the consulting room, and after an examination he was significantly asked by the physician whether he had as yet made his will. "I am informed that he only lived a fortnight afterwards. I hope it was not a case in which he died of the doctor rather than of disease; for the penic destroys almost as much as pestilence." On the other hand the utmost happiness had been caused when men had made up their minds for the worst and had then been declared of a more mistaken notion. Such an occurrence is not unfrequent. One of the largest fees ever known in the profession was given to Sir Astley Cooper, when he had the

same time there may be doubtful speculations as to the motives which actuated some of these inquiries. Some very curious cases, turning on minute points, occasionally arise in medical jurisprudence. Such is the case of the attack on the Duke of Cumberland by his valet, Sells, who afterwards committed suicide; some vague popular suspicion attached to the duke, and Sir Edward Home made a point in the case in the duke's favor on the distinction between venous and arterial blood. We notice that, in his index, Dr. Taylor gives no less than three allusions to the case of the Duke of Praslin. Dr. Taylor also discusses a case of General Pichegru, who was found strangled in prison through the ligature of his neck being fastened by a twisted stick. A strong suspicion of murder was excited, and it was thought that death had been caused through an order of the Emperor Napoleon. Dr. Taylor states that the evidence of this having been an act of homicide is very weak, and that, so far as the medical circumstances extend, there is no reason to doubt that it was an act of suicide.

There was a remarkable case of strangulation which happened in London many years ago, and which many may recollect. There was an unfortunate man who used to exhibit himself publicly in the act of hanging, and at a certain point released himself, without having sustained any injury. One day the poor fellow continued the experiment a little too far, and was hanged in real earnest. The curious fact is, that a gaping mob surrounded him all the time, and allowed him to hang for thirteen minutes before the suspicion was entertained that something might be wrong. Every medical man is constantly liable to be called into the witness-box in cases of violence, poisoning, and various other cases, and the physician's concealment of birth. Dr. Taylor advises him to make his antecedent examinations most carefully, and to be very careful as to the kind of figure which he cuts in the witness-box. Dr. Taylor speaks rather severely of counsel, and at times counsel have spoken rather severely of Dr. Taylor; he inclines towards a contemptuous feeling in reference to juries, with which it is impossible not to feel some measure of sympathy. The most remarkable cases which occur in medical jurisprudence are unquestionably those of chronic poisoning.

At the present time there appears to be a fearful race between the art of detecting poison, and the art of detecting poison. The history of the processes employed to test for poisons is highly curious, and of much scientific interest. Dr. Taylor says that persons have died from the effects of poison eleven months after the poison had been swallowed, and that there is no reason to doubt that instances may occur of a still more protracted nature. "The occurrence of such cases as these suggests grave reflections on the insecurity of life, when poison is used with skill and cunning, and on the inefficiency of the present system of registering causes of death. The editor of the *Lancet Magazine* has truly said, in commenting upon the Smethurst murder:—"All this is requisite for future murderers by poison to do is to use small doses, combine the use of various destructive drugs, and subvert the proper witnesses. If the judge and jury should, nevertheless, be convinced that the skillful poisoner was guilty, it is then open to him to work the papers and 'public opinion,' get other doctors' evidence, and apply to the Home Office. That this will be the course pursued by future poisoners is highly probable; hence the characters of chronic poisoning have acquired a special interest for the medical jurist. The single subject of frauds upon insurance offices opens up a wide field of medical jurisprudence. The public obtained glimpses of this in the case of Palmer, but the cases were not fully gone into, as a conviction was obtained in the indictment respecting Cook. It may, however, be said that the insurance cases of which the public obtain glimpses are few when compared with the insurance cases of which the public know nothing. A collection of such cases would form one of the most curious and fearful books of the age. It is a curious fact, however, that an office is no moral doubt that it has a little legal force, and if they venture to resist a claim, it will probably happen that the claim will not be insisted upon. We give the following anecdote on the authority of a medical friend. A woman insured one or two lives in an office, and the lives rapidly fell in. When this happened with a third life, the office having seen some reasons for suspicion, demurred as to the payment of the policy. The woman called at the office, and said angrily to the manager, "Do you think I poisoned my own relation?" A sudden thought struck the manager. He walked up to the woman, put his hand on her shoulder, and looking kindly at her, said, "What would you do?" The woman, in great agitation, left the office, and was never seen there again.

Very much that is very remarkable belongs to the diagnosis and prognosis of a case. No two medical cases exactly resemble one another any more than two human faces are exactly alike, or any two blades of grass even. A man can no more be a physician by reading book than a man can be an artist by reading all extant publications on form and color. Each case is a separate study in itself. Now this diagnosis is exceedingly troublesome work. Patients often cause a good deal of this trouble. They send for a medical man, and at once expect him to explain what is the matter, and to write them a prescription. If a medical man will not do this off-hand, he is accused of being a dawdler, and will apply to some other practitioner. It is paragoned wonderful how a London physician in extensive practice will examine and prescribe in a very few minutes. But, as a rule, a man ought to have an opportunity of studying a chronic case minutely before he adopts any decided treatment. Invalids have also another way of proceeding, which is a sore trouble to some medical men. They make a round of the London physicians, and take a morbid delight in discovering a conflict of medical opinion. They go to some doctor, and when they have excited an opinion from him, they will apply to some other practitioner. They are totally at variance with those of the renowned Sir Kappa Chi, and derive little countenance from the views of Dr. Lambd. Some doctors become reticent in their opinions, and are afraid to deliver a judgment until they know what may be the opinion of the great authorities. But, for the most part, the general practitioner will give his own view, and if they are at variance with those of the great authorities he will declare that the great authorities are in the wrong. I do not think, however, that the patient has been in the wrong. In the multitude of counsellors there is wisdom, and an obscure case has the fullest chance of being properly understood when it has been submitted to different medical lights. The diagnosis is the making out of what is exactly the matter with the patient; the prognosis is the judgment made, with more or less certainty, of the issue of the disease.

Some doctors attain a wonderful skill in both diagnosis and prognosis by looking at a patient's face. "It is a very difficult case," said a doctor one day to a patient, "but I will tell you one thing for your consolation, which is that you will get well." This proved to be the case, but singularly enough, the great man himself died suddenly before he saw the patient again. As a man for the first time was entering a physician's consulting-room, the latter whispered to a friend, "Case of great pain, I am sure—muscle adhering to bone—chronic and hopeless"—as it proved. The same man was walking down a street, and at the door of an hotel was a smiling landlord, portly, fresh-colored, and apparently robust. The friend made some casual remark to the effect that there was a typical Briton, or something of that kind. "You think so," said the doctor. "That man is safe to die within a twelvemonth." The diagnosis, sometimes as easy enough, is occasionally perplexing in the extreme. The great majority of cases are as patent enough; an experienced physician will see it all in five minutes; but others are exceedingly obscure, and the medical man is never quite able to clear up the obscurity. Sometimes there is some little circumstance, unexpected and out of harmony with other circumstances, which baffles all the calculations. "In every respect the patient is going on extremely well," said a doctor to an anxious member of a family; "but I confess there is a little twinging over the eye which I do not at all like." The case terminated fatally; it sometimes happens that a patient, by all the rules of art, ought to be getting better or worse, he persists in getting worse or better. It is a question of the patient's previous history and constitution; a slight attack in one case being more dangerous even than a dangerous attack in another. I remember being very much amused with the case of a young doctor and his first patient. It was a child afflicted with hydrocephalus. According to all the rules the child ought to die. Nevertheless, the untoward infant perished not at all. The doctor went from his books to the child's bed, and he made to his books. He confidentially asserted to me that the infant ought to die, and manifested a not altogether friendly feeling towards the infant because it did not die. His treatment was altogether better than his prognosis; at the time when my knowledge of the case terminated, it was going on well.

It is very hazardous for a doctor to give a prognosis; if he openly gives an unfavorable prognosis, and the case terminates favorably, his reputation is well-nigh gone. But you will often find a medical man doing this sort of thing. As a rule, the man who always takes the most cheerful view possible of a case, and even hopes against hope. In the last illness of George IV., the physicians were also pronouncing him better, and in the midst of the "betterness" he died. Other doctors, however, there are, morbidly disposed, from whom you may take every grain of comfort they give, and something more. It is curious that a doctor cannot always be trusted with the diagnosis and prognosis of his own case. The great Dr. Baillie is said to have been a case of this. He is said to have died of consumption, and yet to have denied that he was consumptive. He did not experience any difficulty in breathing, and he regarded that, while his breathing was good, his lungs could not be bad. But no medical man now takes this as decisive. Nature, in her bounty, provides a larger space of lung than is necessary, and will long go on with a very small amount of lung, and with very little difficulty in breathing. Another noteworthy case of lung disease is a very different person, the notorious empiric, St. John Long. He professed to cure consumption, but in reality, like other similar quacks, he only cured cases of cough and bronchitis, with symptoms imitative of those in phthisis, and occasionally caused death in several instances by a treatment which would be perfectly harmless in most cases, but which was fatal to many delicate women. He was himself struck down by consumption, and died at the early age of thirty-seven. One of our most promising doctors in chest complaints, Dr. Hope, who at an early age had reached almost the summit of his profession, was prematurely cut off by consumption. There are few volumes more affecting than the narrative of his life; and it is impossible to resist the impression that his fatal illness was a great measure due to extreme and unmitigated devotion to intellectual labor.